Date Filed: 04/22/2010 Business ID: 207571 William M. Gardner Secretary of State



## State of New Hampshire 2010 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 293-A:16.22. REPORT DUE BY April 1, 2010

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

EPPING DONUTS, INC.  199 Constitution Ave		ADDRESS OF PRINCIPAL OFFICE:			
	Portsmouth, NH 03801			199 CONSTITUTION AVE	
ror	ismouth, Nrt USOUI			PORTSMOUTH, NH 03801	
	ENTITY TYPE: CORPORATION BUSINESS ID: 207571		1	REGISTERED AGENT AND OFFICE:	
	STATE OF DOMICILE: NEW HAMPSHIRE			Poulos, Denise A, Esq	
	<del></del>			104 Congress Street S304	
	RETAIL FOOD SALES STORE			Portsmouth, NH 03801	
$\overline{}$	If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.				
2	The new mailing address				
	The new principal office address		_	and the second section of the second section is a second of the second section which is a second section of the second section is a second section of the section is a second section of the	
ı	PO Box is acceptable.				
	OFFICERS BOARD OF DIRECTORS				
	OFFICERS  NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).	NAM	Œ	AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).	
	(MUST LIST AT LEAST ONE OFFICER BELOW)  A			(MUST LIST AT LEAST ONE DIRECTOR BELOW)	
	NAME TO'S Salema (Paradist)	NAME	:	Jose Salema	
	STREET 194 Constitution Ave	STREE	STREET 199 Constitution Ave		
	CITY/STATE/ZIP (DICKS MOUTH, NI-1 02801	CITY/S	CITY/STATE/ZIP Protesta NH 03501		
	NAME ( )	NAME		+11. Living > Verna	
	STREET 199 CONSULVILLON AVE	STREE	T	141 Canstitulion Ave	
3	CITY/STATE/ZIP POSTSMOOTH, NIEL 0:201.	CITY/S	3T/	ATEZIP POSTSMOUTH, NH 0380)	
	NAME JUX , GIVENON (SUIT / MOT)	NAME	Ċ	3	
	STREET I'LL COMS to JULICOM AVE	STREE	T	***************************************	
	CITY/STATE/ZIP Mots Mouth NH (12.30)	CITY/S	ST	ATE/ZIP	
	NAME	NAME			
	STREET	STREE	ΞT	***************************************	
l	CITY/STATE/ZIP				
	NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED				
4	To be signed by an officer, director, or any other person authorized by the board of directors.  I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.  Sign here:				
	Please print name and title of signer: OS Science 1 President			1 President	
L	NAME			TITLE	
	FEE DUE: \$100.00 State of New Hampshire Fee - Form 47 - (Corporations) 1 Page(s)				
	1 100 10111 47 - 7	Corporat		11 aye(3)	
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WHEN THIS FORM **PUBLIC DOCUME!**  CLOSURE REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

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MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO: New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529